

~~SECRET~~  
(When Filled In)

| PROJECT PROGRESS REPORT   |                              |                                  |                            | PERIOD COVERED   |                                       |  |
|---|------------------------------|----------------------------------|----------------------------|------------------|---------------------------------------|--|
|   |                              |                                  |                            | FROM             | THRU                                  |  |
|   |                              |                                  |                            | 11 Sept. 59      | 17 Sept. 59                           |  |
| 1. REPORTING AGENCY<br>LAC  |                              | 2. NAME OF CONTACT<br>[REDACTED] |                            | 3. TELEPHONE NO. |                                       |  |
| 4. PROGRAM TITLE<br>Autopilot Program   |                              |                                  |                            | 25X1A5a1         |                                       |  |
| STATUS OF PROGRAM   |                              |                                  |                            |                  |                                       |  |
| 5. PROGRAM  |                              | 6. TESTING                       |                            |                  |                                       |  |
| PLANNING  | ACTIVE                       | PLANNING                         | ACTIVE                     | SUSPENDED        | CANCELLED                             |  |
| 7. OBJECTIVE OF TESTS<br>Improve autopilot installation to obtain more consistent operation.                            |                              |                                  |                            |                  |                                       |  |
| 8. PRIORITY   | 9. DATE PROGRAM INITIATED    |                                  | 10. DATE TESTING INITIATED |                  | 11. DATE OF ESTIMATED TEST COMPLETION |  |
| 12. OPERATING TIME  |                              |                                  |                            |                  |                                       |  |
| TEST ARTICLE  | TOTAL TEST HOURS OR RUNS RQR |                                  | HOURS OR RUNS THIS PERIOD  |                  | TOTAL HOURS OR RUNS TO DATE           |  |
|   |                              |                                  |                            |                  |                                       |  |
|   |                              |                                  |                            |                  |                                       |  |
|   |                              |                                  |                            |                  |                                       |  |
| 13. COMMENTS<br><br>Nothing further will be reported until the meeting mentioned last week takes place.<br><br><i>m</i> |                              |                                  |                            |                  |                                       |  |